

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 11, 2003

Re: IRO Case # M2-03-1047

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 45-year-old male who on ___ was loading wooden crates into a pick up and developed back pain, which soon extended into his right lower extremity. He was treated with physical therapy, medication and injections without significant benefit. The patient is apparently able to work, but he has continued pain. An MRI on 3/26/02 suggested significant disk disease at L4-5 and L5-S1 with bulging and herniation present. Discography on 3/11/03 was strongly suggestive of pathology with concordant pain and abnormal appearance at both L4-5 and L5-S1.

Requested Service(s)

360 Lumbar fusion L4-5, L5-S1

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

This particular procedure is not necessarily the procedure that others would pursue, but it is a reasonable approach. The patient has been 17 months with discomfort. Despite being able to pursue some activities, he has had continued pain. He has both a positive MRI and a positive discogram pointing to the L4-5 and L5-S1 levels as the source of his difficulties. The proposed procedure is reasonable to try to accomplish relief of the patient's pain in one operative procedure.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 11th day of June 2003.